

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: JCS

COMPLETED BY: Lynn Pohlman 06/20/2012 8:11 AM

Patient: EMANUEL COATES

ID#: 155262

DOB: [REDACTED]

Off-site

Reference #:

Date of Request: 06/13/2012

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):
MDOC

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Audiogram

Specialty Service Requested: Audiology

Provider: Jurado, FNP-BC

Initial Visit or F/U? F/U

F/U#: 1

Presumed Diagnosis:

Loss, hearing NOS

389.9

Signs & Symptoms:

Date of Onset:

53 years old AAM with h/o hearing loss since 2002. Patient is experiencing difficulty discriminating voices. Previously used hearing aids which significantly improved hearing loss. Requesting evaluation for need of hearing aids.

Enrolled in Chronic Care Clinic(s)? Yes

Clinic

Chronic Condition

Code

Last Visit

Hypertension

05/17/2012

GERD

05/17/2012

BPH

05/17/2011

Current Active Medications:

Start Date Stop Date Medication Name

Sig Desc

05/17/2012 11/30/2012 Norvasc 10 mg Tab

take one by mouth in the morning

Site Medical Provider: Jemer R. Jurado NP

06/13/2012

(For UM use only)

Criteria Source: M & R

Interqual

Other

NAME: COATES, EMANUEL S

NUMBER: 155262

D.O.B.: [REDACTED]

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Criteria met: Yes No X Deferred

Reviewer comments: Rec'd in UM: 6/13/2012; ATP: medical necessity not demonstrated based on detailed edam in progress note. IT appears that patient can perceive whispered voice and finger rub on the right. This indicated that he does not meet criteria for hearing aids. Continue to monitor. HS 6/19/2012

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Squier, Harriet, MD

Date Reviewed: 06/19/2012

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: COATES, EMANUEL S
NUMBER: 155262
D.O.B.: [REDACTED]